

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>098195554</i>	FILING DATE <i>03/28/01</i>		
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7	1						57				
8		1					58				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	6						TOTAL DEP.				
TOTAL CLAIMS	8						TOTAL CLAIMS				